



The National Paint & Coatings Association
and
Atrium Environmental Health & Safety Services, LLC. Present:

Lead Safe Work Practices

This training class is presented at **no cost to attendees**. Those encouraged to participate include: home (or code) inspectors, contractors undertaking renovation, repainting, or remodeling work where lead-based paint may be encountered, maintenance workers, building supervisors and landlords, professional associations, state and local municipal agencies, community and social service organizations, and do-it-yourself homeowners.

The goal of this program is to teach attendees lead-safe work practices and the strategies for implementing them. Many homes built before 1978 contain lead-based paint, so it is important that renovation, remodeling and repair activities use methods that reduce and control dust and debris created during work. Even a small amount of dust can pose a serious health risk to children and families.



How Do I Participate & What Do I Get?

1. **Register** online at www.lead safetraining.org. You can also fax or mail the completed form below to Atrium EHSS and wait for confirmation of the location.
2. **Attend** the training and complete a brief test at the end of the session.
3. Participants who pass the test may receive a statement of completion.

For more information:
Call toll free: 866-689-9484
or visit our website:
www.lead safetraining.org

Return This Registration:
By Fax:
703-689-3998

By Mail:



11495 Sunset Hills Rd, Ste 210
Reston, Virginia 20190

This Course has been approved by the American Board of Industrial Hygiene (ABIH) for 1.0 Certification Maintenance (CM) Points, (Approval No. 05-2656); and is eligible for Board of Certified Safety Professionals (BCSP) Continuance of Certification (COC) Points.

Location:

Burlington County Health Department
Raphael Meadow Health Center
15 Pioneer Blvd.
Mount Holly, NJ 08060

Date:

Friday
October 27, 2006

Time:

9:00 AM—5:00 PM

Contact:

Jocelyn Lapena
856-374-6140

Please Register Me for the Lead Safe Work Practices Training:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company or Organization: _____

Phone: _____ Email: _____